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PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
with Initial  
Filing      OR      ☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number      1559 (TOUCHST)

First Named Inventor      ROGERS

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CARBON FOAM ABRASIVES**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application  
Number(s)

Country

Foreign Filing Date  
(MM/DD/YYYY)

Priority  
Not Claimed

Certified Copy Attached?  
YES NO

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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)

Filing Date (MM/DD/YYYY)

☐ Additional provisional application  
numbers are listed on a  
supplemental priority data sheet  
PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number  
or Bar Code Label

OR ☒

Correspondence address below

Name Auzville Jackson, Jr.

Address 8652 Rio Grande Rd.

Address

City Richmond

State VA

ZIP 23229

Country US

Telephone 804/740-6828

Fax 804/740-1881

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

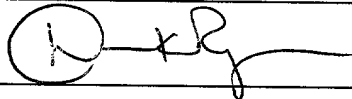
NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) DARREN KENNETH

Family Name or Surname ROGERS

Inventor's Signature



Date 1/21/02

Residence: City WHEELING

State WV

Country US

Citizenship US

Mailing Address 4 AMERICA AVENUE

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City WHEELING

State WV

ZIP 26003

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) JANUSZ WLADYSLAW

Family Name or Surname PLUCINSKI

Inventor's Signature



Date 1/21/02

Residence: City GLEN DALE

State WV

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Citizenship POLAND

Mailing Address

Mailing Address 416 6th STREET

City GLEN DALE

State WV

ZIP 26038

Country

☐ Additional inventors are being named on the \_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (10-00)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	ROGERS
Group Art Unit	
Examiner Name	
Attorney Docket Number	1559 (TOUCHSTONE)

I hereby appoint:

☐ Practitioners at Customer Number  →

Place Customer  
Number Bar Code  
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Auzville Jackson, Jr.	17, 306

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☒ Firm or  
Individual Name

Auzville Jackson, Jr.

Address

8652 Rio Grande Rd.

Address

City

Richmond

State

VA

Zip

23229

Country

US

Telephone

804/740-6828

Fax

804/740-1881

I am the:

☒ Applicant/Inventor.

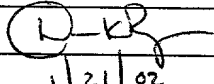
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

DARREN KENNETH ROGERS

Signature



Date

1/21/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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Application Number	
Filing Date	
First Named Inventor	ROGERS
Group Art Unit	
Examiner Name	
Attorney Docket Number	1559 (TOUCHSTONE)

I hereby appoint:

- ☐ Practitioners at Customer Number  →
- OR**

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Name	Registration Number
Auzville Jackson, Jr.	17,306

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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- ☐ The above-mentioned Customer Number.

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Auzville Jackson, Jr.				
Address	8652 Rio Grande Rd.				
Address					
City	Richmond	State	VA	Zip	23229
Country	US				
Telephone	804/740-6828	Fax	804/740-1881		

I am the:

- ☒ Applicant/Inventor.
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name	JANUSZ WLADYSLAW PLUCINSKI	
Signature	<i>Janusz Plucinski</i>	
Date	4/21/02	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

- ☒ \*Total of 2 forms are submitted.